MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO: 10/582478

FILING DATE:

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51				1		
2							52				1		
3							53				1		
4							54				1		
5							55				1		
6							56				1		
7							57				1		
8							58						
9							59				1		
10							60				1		
11							61				1		
12							62				1		
13							63				1		
14							64						
15							65						
16							66				1		
17							67						
18							68				1		
19							69						
20							70			1			
21							71			1			
22							72				1		
23							73						
24							74						
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33							83						
34							84						
35							85						
36							86						
37			1				87						
38				1			88						
39				1			89						
40				1			90						
41				1			91						
42				1			92						
43				1			93						
44				1			94						
45				1			95						
46				1			96						
47				1			97						
48				1			98						
49				1			99						
50				1			100						
TOTAL IND.			↓	↓		↓	TOTAL IND.			↓	3	↓	↓
TOTAL DEP.		←		←		←	TOTAL DEP.			←	33	←	←
TOTAL CLAIMS							TOTAL CLAIMS				36		

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